

Norfolk Local Medical Committee

Serving the General Practitioners in Norfolk and Great Yarmouth & Waveney



October 2008

Wymondham Medical Centre, Postmill Close, Wymondham, Norfolk, NR18 0RF

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Use of the NHS Number

The National Patient Safety Agency has sent round an alert heralding a move to use the National Health Service Number as the identifier for all patients rather than, for example, hospital numbers. The deadline for completion of this task is 18th September 2009, so this is simply advance warning that electronic templates and pre-printed forms are likely to change during the next twelve months to include the NHS number as well as, or instead of, the hospital number. Clearly there are likely to be practical problems with using up existing stock and with writing nine numbers on tiny tubes.

Meeting at SPIRE, Norwich

The Secretary and PEO recently had a useful meeting with the Hospital Director and Medical Director of the Spire Hospital in Norwich (used to be BUPA). There are two issues worth reporting here: first, that where Spire has been commissioned to carry out operations on behalf of the NHS they have not been contracted to provide post-operative reviews, stitch removal or dressings. Not surprisingly, therefore, they are not doing this work as no one is paying them to do it. Please make sure that you take the same business-like attitude if this unfunded work heads your way.

We are pleased to say that there are some signs that Norfolk PCT is beginning (not before time) to accept that this post-operative scenario is a problem. The LMC believes that there is likely to be some sort of temporary offer to ease the current situation, with permanent resolution to follow in due course. This is also on our agenda with Great Yarmouth & Waveney PCT.

The second issue is that the Spire Medical Advisory Committee would welcome a GP member. The MAC, which consists, of course, of Spire's consultants, is interested in hearing GP views that might help Spire in its business. I understand that no fees or expenses are available, however the MAC meets over a nice meal so, if there is somebody out there who is interested in private practice and has something to contribute and who would like to meet consultant colleagues over food then they would be very welcome. To contact the Hospital Director email Ms Ann Farwell on

Ann.FARWELL@spirehealthcare.com

LMC ELECTION COUNTDOWN

"Be There for the 100th Anniversary of LMCs"



The election for the LMC for 2009-2012 will take place early next year. LMCs began in 1911, so in 2011 there will no doubt be centennial celebratory sandwiches. Don't miss your chance to become part of the history of service to Norfolk & Great Yarmouth & Waveney GPs.

What would be more fitting to publicise the next election for the LMC, where great speeches continue to be made, than by stealing some of the greatest tag lines from some of the greatest speeches of all time? So:

"We will fight on the beaches"

That being said, we would rather talk than fight - but, when we have to be forceful we will; there are plenty of beaches - Mundesley, Cromer, Yarmouth, Lowestoft, Winterton, Hunstanton, Holkham and plenty of battles that may have to take place away from the sea too. But "jaw, jaw is better than war, war" - so Norfolk LMC would far rather negotiate with PCTs, hospitals and all the other bodies that can make a GP's life productive and worthwhile (or the opposite). For effective negotiation we need a strong and representative LMC to hone policy and with members who are willing to speak out on behalf of the Committee and for their GP Colleagues.

The next Committee will serve from April 2009; please be willing to serve. SRL

MMR for GPs and their Staff

Guidance from the Department of Health earlier in the year raised the issue of immunising NHS staff who might come into contact with the immuno-compromised. The LMC has been attempting to get clear guidance on what this means for us - and has not been wholly-successful. The Secretary has taken the correspondence to date to Norfolk PCT. On the face of it, the implication is that, as all primary care staff might come into contact with the immuno-compromised, all should be immune to mumps, measles and rubella. The best way to try to ensure this is for GPs and staff - who can't prove that they have been fully immunised - to have two immunisations. As the greatest risk of infection (from an infected, non-immune, health professional to an immuno-compromised patient) would be close proximity in a one to one consultation, GPs and nurses should be the first staff members to be immunised and administrative staff the last.

I hope that the PCTs are thinking about these immunisations and how they should be organised - no doubt by, or via, the Occupational Health Service. The logistics are a bit of a worry. SRL

LMC Election 2009 Calling all Salaried and Freelance GPs

In November your salaried and freelance representatives on the LMC will be writing to you urging you to indicate an interest in the LMC: at the very least in voting - even if you do not want to stand for election

The way the LMC constitution works is that there is one representative to approximately fifteen constituents for each category of GP on the Committee. In order to stand for and/or vote in the election to the Salaried and Freelance Constituency you will need to confirm that you are working in Norfolk or Great Yarmouth & Waveney general practice. So, if we only hear from fifteen doctors, you will only have one representative. We currently mail the flyer to just under 300 "sessional" doctors in Norfolk and Great Yarmouth & Waveney. If they were all eligible then you would be entitled to a membership of around 20. I can assure you that your current members, even though they only number four, are listened to and influence the Committees decisions but, clearly, a greater presence would make a bigger difference. SRL

Action: Please look out for a letter from the LMC which will accompany the November flyer and please be willing to be involved - by replying, then voting and, ideally, standing for election.

PRIORITY

Pharmacy White Paper Consultation and GP Dispensing

If you are going to send in your practices' views, or are hoping that your patients will write something, you are reminded that the closing date for this consultation is 20th November 2008. The LMC contributed to a meeting of the Norfolk Health Overview and Scrutiny Committee on the 16th October 2008, together with speakers from the Local Pharmaceutical Committee and Norfolk PCT.

HOSCI members were convinced that dispensing is a service much valued by patients and so have written to the DoH (and others) in support of the "no change" option.

A Toolkit and Guidance to help your practice respond to the Pharmacy White Paper was circulated to all Dispensing Practices on the 24th October.

Nabilone for Patients with ME

The Norfolk PCT Primary Care Clinical Governance Committee has no doubt that, if this drug has been recommended by the ME service, it should be prescribed by doctors working for that service. But, bearing in mind the lack of evidence, members do not believe that any GP should be prescribing it; clearly this means that there is a responsible body of medical opinion that would back up the decision of any GP who declined to prescribe it.

Communication, Complaints, Quality Quality Issue Concern (QIR) Forms

Norfolk PCT's quality reporting process is working well the LMC heard at its October meeting. Please use the form to give specific details of problems that have arisen with patient care commissioned by Norfolk PCT from any organisation or Trust. Once the PCT has real - not just anecdotal - evidence it can ensure that the services provided are as they should be. Issues such as requests to re-refer for the same complaint within a trust, appropriate medication not given and certificates not provided are very old chestnuts that should have been sorted long ago - if GPs help the PCT then there is no reason for them to continue.

To access the form go to the Knowledge Norfolk site > Alphabetical Index > Quality Issue Reporting > Reporting Form (and possibly save this link your desktop).

For problems experienced by Great Yarmouth & Waveney GPs - we will be encouraging the PCT to set up a similar system; however in the meantime please continue to report any issues to both NHS GtY&W and the LMC.

MP-GP Matching Scheme

The BMA's Parliamentary Unit has written to all Westminster MPs inviting them to visit a GP practice in their constituency before the end of the year. This initiative is one part of a much wider effort to raise MPs' awareness of the issues facing the GPs in their own parliamentary constituencies. It is hoped that the scheme will enable MPs to see the "reality" behind many of the headlines GPs currently receive.

We know that this has been taken up by the MP for Great Yarmouth. If you would like to invite your MP to visit your practice get in touch with them. If you need contact details let the LMC office know.

Flu Vaccination & Norfolk Social Services' Front Line Employees

Norfolk LMC has once again agreed with Norfolk Social Services (NSS) that NSS "front line" employees, who do not fall into the "at risk" categories, may have an opportunity to receive a flu vaccine.

As in previous years, the patient will present a proforma produced by NSS, which will also act as an invoice. This must be completed and submitted to Eastern Support Services for payment. ESS, in turn, will be reimbursed by Norfolk Social Services. NSS is offering a fee of £17.50 per vaccination but, as it is a private arrangement, practices are under no obligation to take on this work. However, the LMC does believe that it is important for Social Services front line staff to remain well during any

influenza outbreak as they provide a vital supporting role for some of our most vulnerable patients.

Therefore we would urge practices to take part in the scheme - **manpower and vaccine supplies permitting.**

Also, as in previous years, Social Services is trying to encourage the owners of Care Homes to have their staff vaccinated - on the same basis - ie the patient will present with a proforma - but in this instance the £17.50 is payable by the care home.

Please note that as this is being provided as a quasi occupational health measure for registered patients with no health-related risk factors, and funded by an outside organisation, an NHS script would not seem appropriate.

Note: This scheme applies to practices with patients who are NSS employees - which could very likely include practices in Waveney.

Patient Group Directives

The Medical Secretary heard at the recent Norfolk Independent Contractors Clinical Governance meeting that the PCT had received some queries from practices about PGDs. From the questions being asked it was apparent that some practices were under the impression that PGDs allow them to make use of healthcare assistants in their flu immunisation campaigns. Although to our knowledge this has not been raised specifically in Great Yarmouth & Waveney our advice remains the same, namely.....

A PGD would not safeguard a practice from a complaint if a problem arose after a healthcare assistant had given a flu vaccination. If healthcare assistants are carrying out immunisations then there needs to be in existence a list of named patients agreed by the doctor.

Continuing Healthcare Assessments

GPs continue to be asked to complete continuing healthcare assessments to determine whether a patient is eligible for continuing care. Section 15 (4) a and b of GMS contract specifically identifies services or actions which a GP is required to provide. BMA legal advisors believe that continuing health care assessments are not directly identifiable under the Essential Services in paragraph 15 of the GMS regulations.

Cremation

In response to a previous flyer item a couple of doctors did offer to make themselves available for Part IIs but subsequently one has withdrawn their offer. I guess this just demonstrates the truth of the proposition that the money on offer does not compensate for the hassle and time involved. Please let the office know if finding Part II doctors is a problem and we will enquire again.

In the meantime advice from the General Practitioners Committee of the BMA is that it is not aware of any requirement in either the relevant Act or Regulations for the first GP to

arrange for the second, but that this has become usual through custom and practice. The GPC confirms that it is expecting the Death and Coroner's Bill to go through Parliament this year and so this is about to change. It goes on to advise that in anticipation of this change doctors should continue with this usual practice to maintain the status quo.

Sessional GP Newsletter

For those of you who are sessional GPs you might be interested in accessing the GPC's Sessional GP Newsletter. This is available from <http://www.bma.org.uk/ap.nsf/Content/sessgpsnewssep08>.

The purpose is to keep sessional GPs up to date with the wide range of new and ongoing issues affecting salaried and locum GPs, as well as the work the GPC's Sessional GP Subcommittee undertakes. The current issue includes updates on the changing climate for GPs,

salaried GP pay, the flu pandemic and smart cards.

"How your Practice is Funded"



The GPC has produced this "Focus on..." A copy has gone to all practice managers and it is being uploaded on to the LMC website. For those of you who find it a bit of a mystery we recommend it as a worthwhile read.

Advertisement

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For more details or to arrange an informal visit please contact the Practice Manager, Mark Rundle, on 01760 721211 or mark.rundle@nhs.net This position is becoming available in the near future, start date to be by agreement.